

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-032989

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8007

STATE FILE NUMBER

FILED AUG 22 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MO

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

722a Plum

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

(Bessie) LILLIE (Vandevender) VANDEVENTER (Thomas)

4. DATE OF DEATH

Month

Day

Year

AUG. 15, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

1/6/84

9. AGE (last birthday)

78

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Factory Worker

10b. KIND OF BUSINESS OR INDUSTRY

Maase Olive Co.

11. BIRTHPLACE (City and state or country)

Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Martin Fiala

13b. MOTHER'S MAIDEN NAME

not known

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of serv

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Richard Vandeventer

7530 Theima

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MASSIVE Pulmonary Emboli - from

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Undetermined Site

DUE TO (c)

465X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/14/62 9:45 A to 8/15/62 and last saw her alive on 8/15/62

Death occurred at 8:32p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald K. Bach - M.D.

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

8/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/17/62

23c. NAME OF CEMETERY OR CREMATORY

New St Marcus Cemetery

23d. LOCATION (City, town, or county)

St Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

AUG 17 1962

26. REGISTRAR'S SIGNATURE

Donald Smith - M.D.

BACK

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

18a

Massive pulmonary emboli

4/5/63

Pt. II

Generalized Arteriosclerosis

site undetermined

4/5/63

BY AFFIDAVIT OF attending physician DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.